

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

		icen	on or each yion	tion is specifi	ted in the narr	Tauve portion			_		
Establishment Name							- 1			Date of Inspection (mm/dd/yr) ID #	
Applebeis Establishment Address (number and street, city, state, zip code)							—(*)	• •	1/2/	2019	18-14
						വ	() Owner	' '	•	
Owner Ormine New Manney, pa 41130							Pur	pose:	Follow-up Release Date		
3880 Gratine Rd New Albay, IN 47150 Owner Louisiana Apple, LLC Owner's Address							<u> </u>	Routine	NO 10 days		
Owner's A	ddress						2.	Follow-up	Summary of Violations:		
Person in (Charge						1	3. Complaint 4. Pre-Operational C_NC_3 R			z X
Chris	6+i	ca.						Pre-Operational	1^{c}	S NC	P. R. (X)
Responsible Person's E-mail								5. Temporary Menu Type (Nee back of page) 6. HACCP			c of page)
							ı	Other (list)	12_3_4 \(\) 5		
Certified F			11/13/18)	l			/ /	other (list)	12	33	_45
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"											
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section# C/NC R Narrative								UMMARY OF VIOLATIONS" AND IN		To Be Corrected By	
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•	NC		Observed	<u>buck line</u>	us fecupie	urs in b	lane 1	he wet star	la I	1.4	7
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UNT								A.). Ingram (EHS) Inspected by (signature):			
cc:					cc:				cc:	/	

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